

**RI Mental Health Summit Lightning Round Q&A's**  
**June 8, 2015**

**Opiate Addiction Epidemic**

*1) What would it take to get four or five FQHCs to implement ECHO, and how many patients can we serve?*

*2) What would it take to get insurers to cover this service, and what could State departments do to assist that process?*

*3) What other resources are needed to address this epidemic? What are the strengths that Rhode Island has that we can build upon?*

- Increase opportunities to access specialized pain management
- Dramatically increase use of buprenorphine and telemedicine visits for prescribing, and counseling
- Vital role counseling plays in adhering to treatment and maintenance - supporting people in order to allow them to receive long-term benefits
- Primary care physicians should be able to bill for resources including portable technology, time spent, staff training. People need to embrace technology.
- People need to embrace technology; address concerns regarding risk management
- Lack of understanding of how buprenorphine works
- Methadone should be included in investigation

- Need data to show that there are savings
  - Need community support
  - Need champions in legislature
  - Medicaid redesign effort-- put this into the plan?
  - Additional resources are needed: Anchor ED program needs to be expanded to other sites (Westerly, northern RI)
  - Other partners that aren't involved, i.e. dentists, law enforcement, need to be included
  - Build public awareness campaigns-- go to schools to educate students about substance use disorders to decrease drug use
  - Make sure that there is public funding for all levels that would be involved
  - Educate/attract consumers so they will not go to different prescribers – use electronic monitoring system to help with this
  - screening for those who need help including those who are incarcerated
  - Buprenorphine is not registered as other medications are – should State require buprenorphine regulations?
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- Issue of stigma-- State and insurers should provide educational forms to help people recognize a substance use disorder as a disease
  - Recovery support personnel – recovery coaches – should be added to treatment teams
  - Address the full health condition of each individual

- Funding is segmented right now -- State should force consolidation
- Standardize communication among group members
  - standardize HIPAA form to encourage communication between different organizations
  - develop a database for all representatives—health care workers, etc.
  - can the process be simplified?
- Prior authorizations have been large obstacles for some patients - include alternatives
- Court diversion into drug treatment programs
- Need data to fund small pilot projects
- Addition to existing/diminishing facilities-- establishment of sober houses as an alternative to placement in hospitals/jails
  - State needs to work with insurance companies and General Assembly to increase BHDDH budget
  - Losing residential group homes – the State, General Assembly and insurance companies need to come up with plans to restore funding
  - Medicaid does not cover some of these issues
  - 6 group homes are being closed and the State/General assembly/insurance companies need to come together to take responsibility of payments to prevent more from closing
  - Current Care system needs to continue to register health information and there needs to be a bridge from it to the ECHO system

- Publish statistics on Suboxone
- Continue the use of peer recovery coaches and home health programs
- Community outreach workers and peer navigators need to be used in hospitals
- Understand that consumers/patients who are suffering need attention as well
- Realize that these people who are being discussed have a current substance use problem – check with them to determine their needs
- Insurers need to recognize that patients with high use of services have co-occurring disorders
- Diabetes connection-- the treatment of diabetic patients includes maintaining a healthy lifestyle – exercise, diet, etc.
- For individuals with substance use disorders, treatment includes-detox, stabilization, and the treatment should also include maintaining a healthy lifestyle
- The definition of health is changing—there are social determinants to recovery which include housing
- Agencies need to get back into communities
- Establish treatment teams
- Come up with policy for people who have trouble following treatment
- Consider how to incentivize from a practice management perspective – incentives based on quality -- if you are able to achieve x outcome, we will fund you x amount

- If the State of RI partnered with Brown Medical School/ Public Health and URI School of Pharmacy – they could partner with healthcare providers/insurers along with RI Health Insurance Commissioner to develop a pilot program to include life measurements: living situation, family status, are they employed? Incarcerated? - you can then get providers to buy into program
- Build upon lack of resources in DPOD (DPOD is the behavioral health unit in the ER.)
- Understand liability concerns providers might have
- Use ECHO and e-consult program to connect with patients who leave treatment earlier
- Allow nurse practitioners to prescribe buprenorphine
- Under EOHHS – create a bundle rate
- Start interventions at emergency medical departments
- Identify super-utilizers of services and create less costly programs for them
- Internal medicine physicians are clueless about opioid addiction.
- Educate medical and clinical staff on the benefits of ECHO. They need training.
- Examine State regulations around the use of telemedicine
- Turn on Medicaid codes for SBIRT and recovery coaches
- Use peers and care managers to increase the number of doctors prescribing buprenorphine

- Develop data put in a proposal for a pilot study-- insurers will then see that the results are profitable and that the investment is worth it
- Buprenorphine regulations need to be looked at by RI
- Educating physicians early on how to identify signs of substance use disorders - pill count, urine screens, preauthorization process of buprenorphine
- Look at federal TREAT legislation under which physicians' assistants and RNs to prescribe suboxone
- Evidence-based treatment needs action – it needs the engagement of primary care staff, health insurers and treatment providers who need to meet and develop a plan of action